/	PART B - FEE(S) TRANSMITTAL								
P.	Complete and send	h applicable fee(s), to: Mail or Fax			Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450				
	INSTRUCTIONS This form should be used for transmitting the ISSUE FEE and				<u>PUBLIC</u>	(703) 746-4000 CATION FEE (1) FER	gired) Blocks 1 through 5	should be assured.	
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	34356 7590 12/29/2004					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
ASHKAN NAJAFI, P.A. 6817 SOUTHPOINT PARKWAY SUITE 2301 JACKSONVILLE, FL 32216 01/28/2005 YPULITE2 00000088 10642535						Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.			
_						Megan	mins	(Depositor's nums)	
01 FC:250	01				Michan	99. Mima	(Signature)		
	APPLICATION NO.	FILING DATE		FIRST NAMED	INVEN	7	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
	10/642,535	08/18/2003	Mark Floyd Basha			m	DLL1223	3171	
	TITLE OF INVENTION: BOTTLE CAP INCLUDING AN ADDITIVE DISPENSER								
	APPLN. TYPE	SMALL ENTITY	ISSUE FEB		PU	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
	nonprovisional YES EXAMINER		\$700 ART UNIT 3728			\$0	\$700 03/29/2005		
					CL.	ASS-SUBCLASS	s		
	FIDEL, I				206-222000				
	1. Change of correspondence address or indication of "Fee Address" CFR 1.363). Change of correspondence address (or Change of Corresponde Address form PTO/SB/122) attached. "Fee Address" iodication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custon Number is required.				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
	3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been fill recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
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